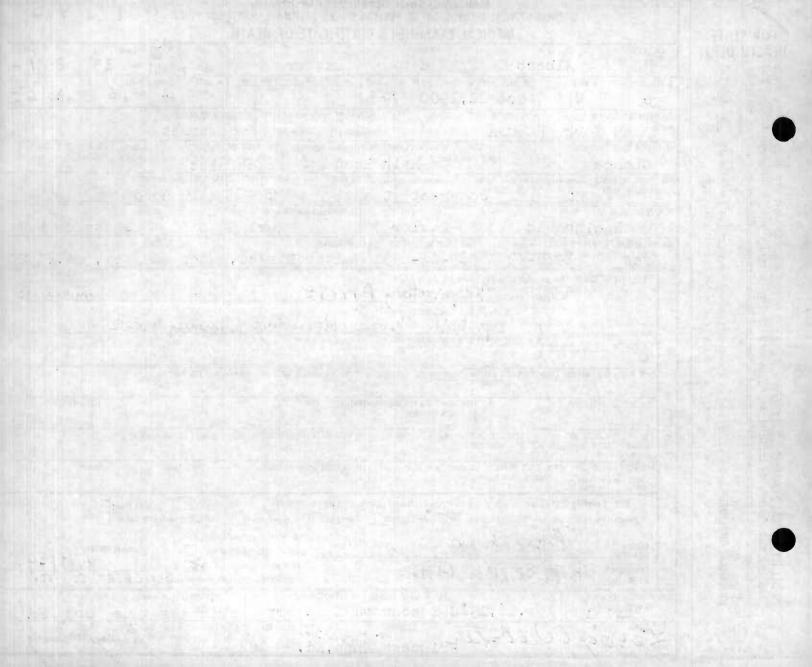
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Lost 20. DATE OF DEATH DECEASED-NAME 2b. HOUR (Type or print) Month Day Year 11:45% Rebecca Ballard 4-9-80 IF UNDER 1 YEAR 3. SFX 4 RACE S. DATE OF BIRTH 6. AGE (In year) IF UNDER 24 HRS. MONTHS | HOURS Female Negro 12-17-02 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (duntry) Virginia DIVORCED T WIDOWED -USA Somerset 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USDA OCCUPATION (Kind of work dape 12b. KIND OF BUSINESS OR give street address) **INDUSTRY** Crisfield Edw. W. McCready Mem. Hosp. 13e STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13x CITY OR TOWN 13b. (OUNTY Somerset admission) STATE Maryland Anne IS MOTHER'S MAIDEN 14. FATHER'S NAME Middle Pages BALTIMORE, 17 ON ORMANT 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes ma) or unknown) 220-26-1789 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY PRESTON STREET, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO. OR AS A CONSEQUENCE OF stoting the underlying cause DIVISION OF VITAL RECORDS, 301 W. d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES -NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a. I certify that (I) (this hospital) attended the decreased from and that in (my) (our) opinion deoth accurred on the date and hour and from the saw the deceased alive on causes stoted obove, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. M. Barhan TO FUNERAL Crisfield, Md. 21817 23a. AURIA CREMATION (State) (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR DHMH - 16 3/72 25M profesy McCheal Addie James (VR A15 (4))

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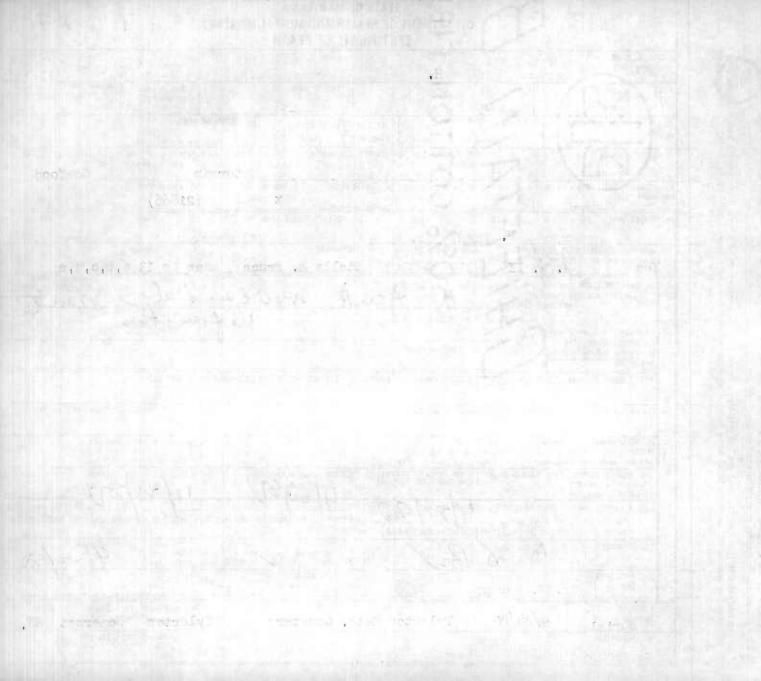


DEPARTMENT OF HEALTH AND MENTAL HYGIENE) CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle lost 2a. DATE OF DEATH (Type or print) Month Yeor Ella Bonniwell 4-17-80 IF UNDER TYEAR 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS DAYS lost birthday) MONTHS I HOURS Female White 12-25-88 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [] NEVER MARRIED country) Virginia WIDOWED S DIVORCED Somerset USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) HCCready Mem. Hospt during most af warking life, even if retired.) INDUSTRY Crisfield HOUSCHIFE 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 13b. COUNTY YES 🖂 NO T Somerset Crisfield Rt. #1, Box 535 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First John Hoffman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, or unknawn) 223-18-6372 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PRESTON Conditions, if any, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse please PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) DIVISION OF VITAL RECORDS, 301 permit 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO F YES 🗆 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING [ DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notity medical examiner P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from. ., and that in (my) (our) opinion deoth occurred an the date and hour and fram the saw the deceased alive an\_ causes stated abave, (1) (we) (did) (did not) view the body after death. 22c., DATE SIGNED 22b. SIGNATURE ATTENDING DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. M. Barhan Rt. #413. FUNERAL Crisfield. Md. 21817 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (Stote) 23o. BURIAL CREMATION. REMOVAL (Specify) 9 ST. GEORGES PUNGOT CAGUE Alccampek REGISTRAR SISTEMATION OF THE REGISTRARY SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** DHMH - 16 3/72 25M Williams Funeral Home. Onancock, Va. DATE (VR A15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2b. HOUR a 2g. DATE OF DEATH Middle DECEASED-NAME First Manth Year (Type ar print) H. Carson Bruce Jr. 4-21-80 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH 4. RACE last birthday) MONTHS HOURS 62 White 6-3-17 Male 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED X NEVER MARRIED country) DIVORCED | WIDOWED Somerset Maryland USA 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH during most of warking life, even if retired.)

waterman **INDUSTRY** give street address) BALTIMORE, MARYLAND 21201 Seafood Crisfield F.dw. W.McCready Mem. Hosp.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN | 13c. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES X NO (21866) Tylerton Somerset Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First H. Bruce Sr. Florence Evans Carson 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates af service) Yes, na, or unknown) Same as 13 a.b.c.d.e 217-05-3180 Stella M. Bruce APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PRESTON STREET, IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 3 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 301 DIVISION OF VITAL RECORDS, permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY buriol, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County 21d INJURY OCCURRED City or Town While Not while at wark 22a. I certify that (1) (this haspital) attended the degeneration , and that in (my) (aur) apinian death accurred an the date and hour and from the saw the deceased alive on\_ causes stated abave, (I) (we) (did) (did hat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) /T/X Crisfield, Md TO FUNERAL Dr. M. Barhan Rt. #413, should to 23d. LOCATION (City ar Tawn) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 4/24/80 23 g. BURIAL CREMATION. REMOVAL (Specify) Tylerton Meth. Cemetery Tvlerton Somerset Md. 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR DHMH - 16 3/72 25M Crisfield, Md. Bradshaw & Sons. (VR A15 (4))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle last 20. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First (Type or print) Month 80 Collins V. Virgie S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS lost birthdoy) MONTHS DAYS HOURS 8/29/11/1898 Female Negro haurs after death 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED USA Virginia Somerset ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** give street oddress) BALTIMORE, MARYLAND 21201 Crisfield Alice B. Tawes N. Home 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER -S odmission) STATE Maryland Somerset YES NO P.O. Box 73 Marion 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First 2019 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6h. SOCIAL SECURITY NO. (Yes, no, of known) 220-01-8414 18. CAUSE OF DEATH (Enter only one cause per ling/for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: 301 W. PRESTON STREET, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO [ YES [ 21a. ACCIDENT WAS LINDERS YENG 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) DE CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 214 PLACE OF INJURY / AT HOME FARM, STREET, FACTORY, 1 211 LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 22a. I certify that (1) Athis hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the cause stated above (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22e. ADDRESS 22d PHYSICIAN NAME (Type) O FUNERAL 23d. JOCATION (City or Town) 23b. DATE 250 REC'D BY REGISTRAR DHMH - 16 3/72 25M (VR A15 (4))

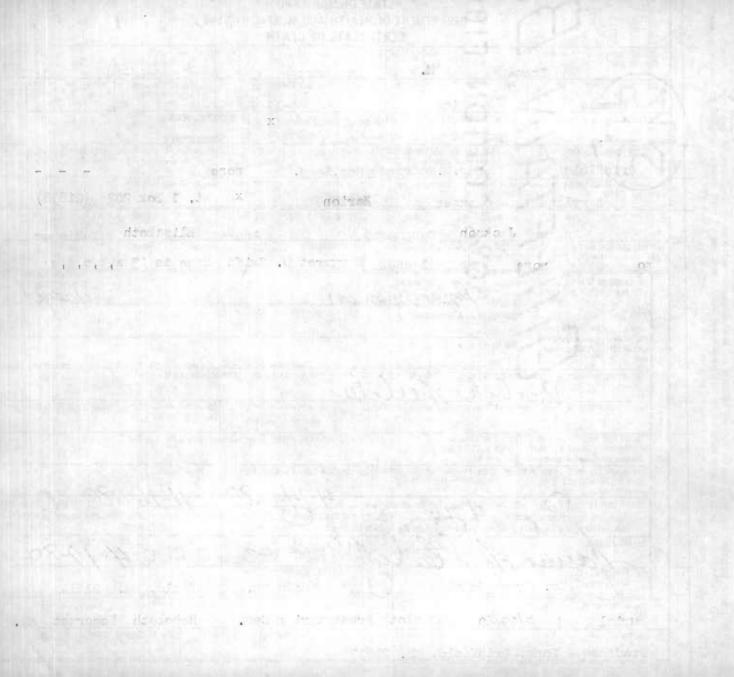
The 10 Comment of the place of HOUSE of Starts Francisco Start Joseph Hill 

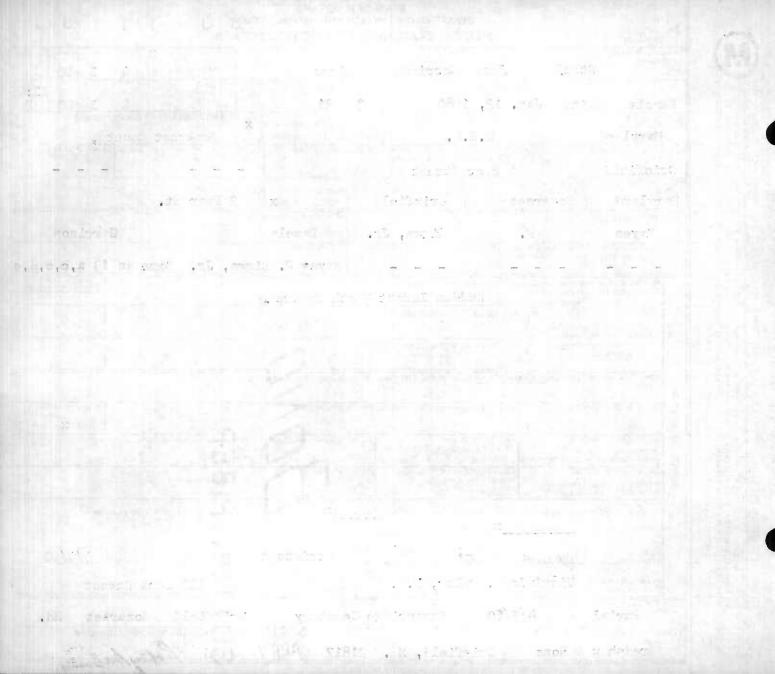
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH page 3 e Dept Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Month Day Year (Type or print) M Irene Daugherty 4-16-80 S. DATE OF BIRTH 6. AGE (In years SF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 4. RACE last birthday) MONTHS DAYS HOURS Female White 4-13-98 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED | NEVER MARRIED country) DIVORCED T WIDOWED [ Pa. USA Somerset ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Edw.W.McCready Mem.Hosp. during most of working life, even if retired.) **INDUSTRY** MARYLAND 21201 Crisfield none 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Sh 13b COUNTY YES NO X Rt. 1 Box 202 (21838)C Marion Maryland Somerset Middle 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Elizabeth Jackson Andrew Daugherty Foringer Ann BALTIMORE, 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes. na. ar unknawn) Margaret D. Swift Same as 13 a.b.c.d.e 220-01-8582 none 18. CAUSE OF DEATH (Enter only one cause per line to) (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: PRESTON STREET, Mous DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause DIVISION OF VITAL RECORDS, 301 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [ YES 🗌 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY buriol, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notity medical examiner) 0 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify tha (1) (this haspital) attended the deceased some and that in (my) our) apinion death accurred on the date and hour and from the saw the deceased alixeon. causes stared above (1) we) (did) (did not wiew the body after death. 22b. SIGNATURE ATTENDING PHYS. DIRECTOR 22e. ADDRESS NAMP (Type) Dr. James Sterling Main St., Crisfield, Md. TO FUNERAL shauld be of Health 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) 4/19/80 Rehoboth Presbyterian Cem. Rehobeth Somerset Md. 250. RECID BY REGISTRAR 10 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** DHMH - 16 3/72 25M

DATE

Bradshaw & Sons, Crisfield, Md. 21817

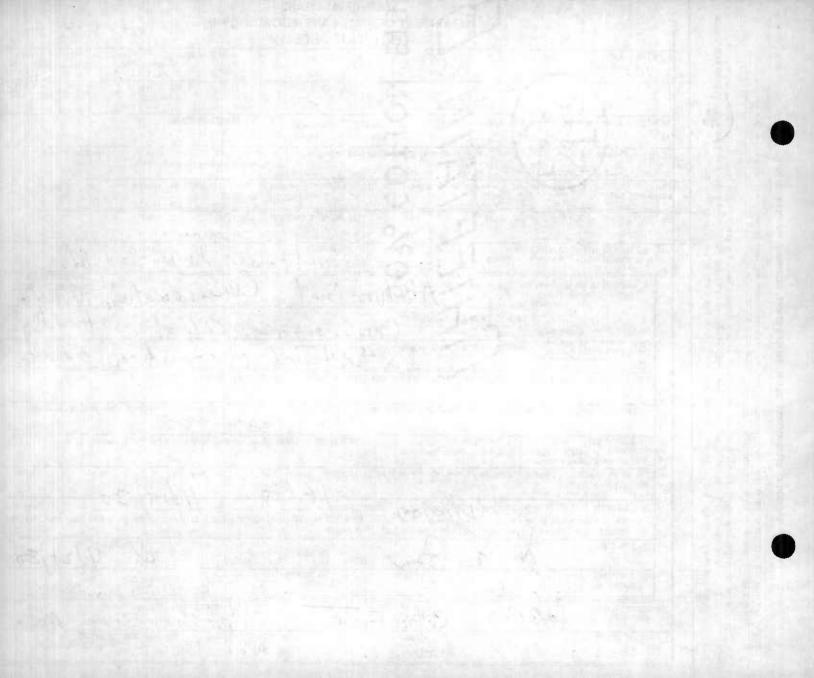
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Lost (Type or print) Month Dov Yeor dee 4-18-80 Isaac Holden IF UNDER † YEAR IF UNDER 24 HRS. 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS Male Negro 2-24-28 52 after death. 9. COUNTY OF DEATH 7p. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED [ DIVORCED Maryland USA Somerset 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours p give street oddress) during most of working life, even if retired.) INDUSTRY BALTIMORE, MARYLAND 21201 Crisfield Edw.W.McCready Mem.Hospital 2 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER sho odmission) STATE 13b. COUNTY NO YES 🗔 Marion puo hours 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Spadi Holden Lorraine Samuel within 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Samue (Yes, no. pr unknown) 220-24-9786 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b)∩on (c).) PART 1. DEATH WAS CAUSED BY: W. PRESTON STREET, IMMEDIATE CAUSE (o) ottending DUE TO, OR AS A CONSEQUENCE OF please remove Conditions, if ony, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse à PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 301 been signed CERTIFICATION DIVISION OF VITAL RECORDS, permit 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES | NO P Pos 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY buriol, DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor PM (If either, notity medical exominer ( AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while of work 22a. I certify that (I) (this haspital) attended sceased from and that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) and now view the bady after death. 22b. SIGNATURE ATTENDING STAFF DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. M. Barhan Rt. #413, 21817 Crisfield. Md O FUNERAL shauld be of Health retained DE CEMETERY OR CREMATORY 23d. LOCATION (Eity or Town) (County) 23o. BURIAL CREMATION, REMOVAL (Specify) SYOTE es lover 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR DHMH - 16 3/72 25M Marion, Md. Norma Ward (VR A15 (4))



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1980 IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Somerset County 12b. KIND OF BUSINESS OR INDUSTRY Self TYPE OF WORK FOR MOST OF WORKING LIFE Employed Main St. Ext. Jones Same as 13 a, b, c, d, e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 MINOTE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o 20b. IF YES, WERE FINDINGS USED YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

IN CERTIFYING CAUSES OF DEATH?

COUNTY

STATE

26 HOUR

HOURS

IF UNDER 24 HRS

22c. DATE SIGNED

21817

STATE

DHMH-16 60M 1/73

24 FUNERAL DIRECTOR

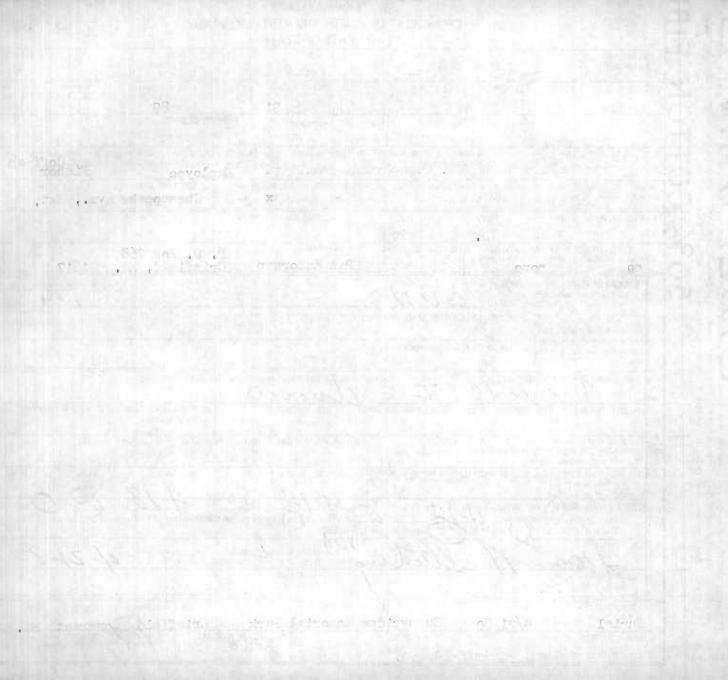
Crisfield. Md. 21817

Bradshaw & Sons (VR A 15 (4))

Crisfield Somerset

Md.

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signed by the attendi

should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

TO FUNERAL DIRECTOR:

morked or Item 18 shows any

MPORTANT: If Item 21 is

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTRAR						REG. N	10.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST		MIDDLE B.		SH. SR.	20. DATE OF DEATH April	монтн	1980	26 HOUR 3:15p.
J SEX Male		4 RACE Whi		S. DATE C	OF BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	# UNDER 24 HRS
Maryla Maryla			S.A.	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY O			ME
10. CITY OR TOWN OF Crisfie		(IF NOT IN SU	HOSPITAL, NURSIN CHEACHITY, GIVE STREET 9 N. SOM	ADDRESS)	Avenue	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Carpente)	OF WORKING		~ ~
USUAL RESIDENCE (# 130. STATE Maryland	1136 COUP		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Crisfi	N	13d. INSIDE CITY LIMITS? YES R NO [	13e STREET ADDRESS  9 No Son	nerse	t Avenue	
14 FATHER'S NAME FIRST EUGENE		MIDDLE	Marsh		IS MOTHER'S MAIDEN NO. FIRST Mabel	AME MIDDLE		Spar	
160 WAS DECEASED E (YES, NO OR UNKNOWN	(IF YES, GIVI	MED FORCES? E WAR OR DATES)	213-28-		Marie M. Ma:	ADDR		a,b,c,d	, e
	H WAS CAUSE	D BY: TE CAUSE (0)	Harte	My	uscarcliale	lefautes	ام	APPROXI BETWEEN	Male interval onset and peath
Conditions, if gave rise to cause [a], si underlying co	immediate lating the	(b) DUE TO, O	R AS A CONSEQUE	NCE OF					

190. DATE OF OPERATION

218. ACCIDENT WAS UNDERLYING

I IF EITHER, NOTIFY MEDICAL EXAMINER

21d. INJURY OCCURRED

WHILE

AT WORK

220.1 certify the

OR CONTRIBUTING \_\_ CAUSE OF DEATH

NOT WHILE

YSICIAN'S NAME LTYPE OF PRINT

ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196. CONDITION FOR WHICH OPERATION WAS PERFORMED

MONTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DAY YEAR

211. LOCATION

ATTENDING

egion Cemetery

CITY OR TOWN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NO

(aur) opinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN

YES [

21817

DHMH-16 60M 1/73

230 BURIAL, CREMATION, REMOVAL |SPECIFY) Burial

236 DATE 4/5/80

James A. Sterling, M.D.

21b. TIME OF INJURY

P.M.

21e. PLACE OF INJURY

HOUR A.M.

(1) this haspital) are ided in deceased from

236 NAME OF CEMETERY OR CREMATORY

and that DEGREE

> 22e ADDRESS Main St.

21817

23d. LOCATION

Crisfield, Md.

STATE Somerset

24 FUNERAL DIRECTOR Bradshaw & Sons

CERTIFICATION

MEDICAL

Crisfield, Md.

Crisfield

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

NO [

STATE

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150.1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME 20. DATE KNOWN 2b HOUR (TYPE OR PRINT) ESTI-2:30 CYNTHIA F. MILBOURNE DEATH MATED Apr. 2549 80 D. M 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. SEX S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 19 80 Female White Sept. 5, 1899 DEAD 80 YRS D. M 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Somerset County WIDOWED [ DIVORCED PAGE 5 E FILED, 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Crisfield Home- Asbury Avenue Housewife 3. RETAIN I SHOULD BE IL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Crisfield 13e. STREET ADDRESS 13a STATE Somerset 13d. INSIDE CITY LIMITS? Maryland Asbury Avenue NO DO OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Sterling Alice Bedsworth MAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 214-32-7104 Edward M. Milbourne no none Same as CAUSE OF DEATH (Enter only one couse per line far (a), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE SED AS A BURIAL INC.
F HEALTH AND MENTAL HYGIL CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 9 BURIAL, YES -NO 🗌 E 3 SHOULD BE E DEPARTMENT O PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK 22a. I certify that I tage charge of the remains described above, held on PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHALLIMORE, MARYLAND, 2 Autopsy Inspection and in my opinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) M.D MEDICAL EXAMINER SIGNED James A. Sterling. Main St. Crisfield, Md. 230. BURIAL, CREMATION, REMOVAL 236. DAJE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 4/27/80 Sunnyr idge Memorial Par rk Crisfield Somerseta BP. 250. DATÉ RÉC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Bradshaw & Sons Crisfield. Md. 15M 7/77

4 4 4 X OF CORE , S. Madell (SEED) AND CORE Form Sec. 10 of A to the contract of the co officers of the state of the st 4/0 e, top a state simple . I benefit . 10 -12-11-11-11 Here to Heyershil a lofer time distriction which the control of TERROLL CALLED 1817

	11-	FOR STATE				ENT OF HEALT	MARYLAND H AND MENTA	1.0	0	11	10	1
		REGISTRAR CEASED NAM	e FIRST	M	MIDDLE	CAMINER'S	CERTIFICATE		KEG	. NO.		
		PE OR PRINT)		DRED	V.		MISTER		OF ESTI- EATH MATED		6, 19 80	7:30
(I)	3. SE	'emale	4 RACE White	Jan. 9	Y YEAR	AGE (IN YEARS IF U		DER 24 HRS. 2c.	DATE NOUNCED DEAD	MONTH	6. 19 80	2d. HOUR
31	7a. B		Maryla	nd ) L. CITIZEN OF	WHAT COUNTR	Y2 8	RIED NEVER MA	ARRIED 7. B	ALTIMORE CIT		ITY OF DEATH	
10	10. C	risfie	OF DEATH	11. NAME OF HO		NG HOME, OR OT		12a. USUAL C		TYPE OF WORK	12b. KIND OF E	TRY
1	13a. S	AL RESIDENCE TATE Sarylan	N3b/CO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	134. INSIDE CITY LIMIT	S? 13e. STREET				
1	14. F.	ATHER'S NAME		MIDDLE	LAS	ī	15. MOTHER'S MA	AIDEN NAME	WIDDLE		LAST	
1	1	Claren		B.	Some	rs	Inez				Morga	n
	()	VAS DECEASE ES, NO, OR UNKNO	OWN) (IF YES, G	ARMED FORCES? INE WAR OR DATES) NO NO		-05-8871	17. INFORMANT Kathleen	n Sterlin	addri ng same	ess ad 1	3 a, b, c	,d,e
	z	gave ri cause (a lying cau		ich (b)	OR AS A CONSE	QUENCE OF	SE OR SONOITION GIVEN I					
0	CATIO	190. DATE OF	OPERATION	196 CON	DITION FOR WE	HICH PERATION	VAS PERFORMED?	rslæses			20. AUTOPS	Y?
	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OR NG CAUSE C	HOUR A	OF INJURY .M. MONTH D	AY YEAR	IOW INJURY OCCU	RRED (ENTER NATUR	RE OF INJURY IN ITEM	A 18 PART I OR P	YES ART 2)	NO 8
	MEDIC	21d, INJURY O	OCCURRED	21e PLAC			OCATION STREET	Cir	Y OR TOWN	cc	DUNTY	STATE
The state of the s	* >	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	NAME Jam	orge of the remains of the sturior causes of the study	Accident College Place College	Suicide C	Hamicide  TITLE (SPECIFY A.D.  ADDRESS	Undetermin  MEDICAL  in St.	ned manner Examiner  Crisfi	DATE SIGN	ED 4-9	0-80
		Buri		1 23b. DATE 4/9/80		nyridge M	emorial P	ark Cri	sfield	Somer	set N	STATE
5))	24.1	NAME Brads	shaw & S	ons Cri		Md. 218	17 ZSG. DA	TE REC'D. BY REC	1 1980	EGISTRARS	Ery /Xal	ready

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10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. executed within 24 haurs after death. Page 4 may DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital or attending physician TO HOSPITAL OR

of Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within 22 hours after death

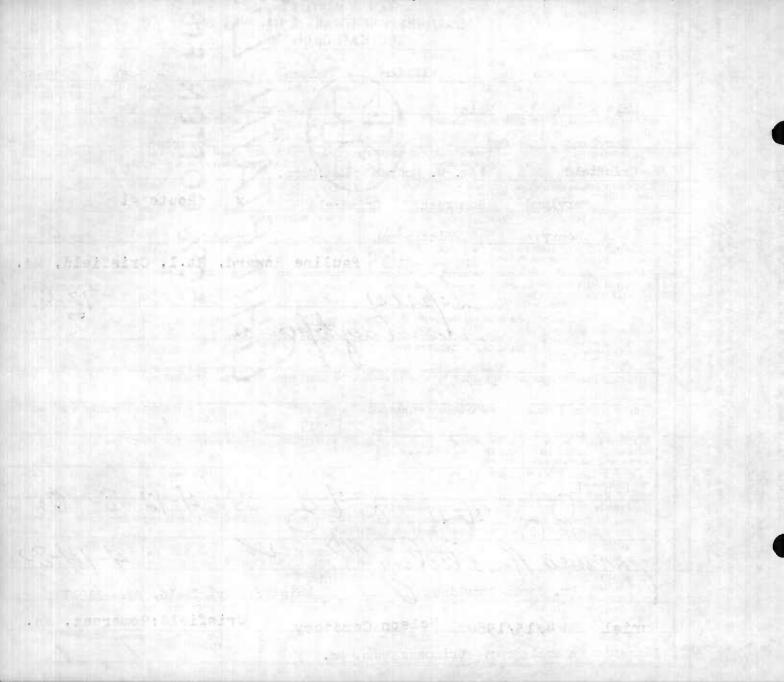
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUENE

1	The second of the second of the		CE	KIIFIC	LATE OF DEATH				
1.	DECEASED-NAME First		Middle	200	Lost	20	. DATE OF DEATH		2b. HOUR
1	(Type or print) Joh	n	Willi	am	Nelson		Month 4-12-	Day Year 80	11:50 am
3.	2EX.	4. RACE		1/1	S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	
П	Male	Wh	ite		8-8-	77	last birthday)		HOURS MIN.
	BIRTHPLACE (State ar fareign	7b. CITIZEN OF W		8. MARRIE	D NEVER MARRIED		UNTY OF DEATH		
"	Marvland	USA		WIDOWE			Somerset		Md
10	CITY OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	I) NOITUTIT			UPATION (Kind of work don		OF BUSINESS OR
	Crisfield	give E	street address) Cdw. W. McC	read	y Mem. Hosp.	ing most of	working life, even if retired	.) INDUSTRY	
	a. USUAL RESIDENCE (Where deceas Imissian) STATE	ed lived, if institu	tian: Residence before	13c. CITY		DE CITY LIMITS?	13e. STREET AND NUMBER		
_	Maryla	nd	omerset	Cr	isfield YES	NO 🔀	Route #	1	
14	. FATHER'S NAME First	Middle	Last	1	15. MOTHER'S MAIDEN N	AME First	Middle		Last
	Henry		Whitting			Dre	enda	St	erling
	(Yes, ng. or unknown)   (If yes give w	MED FORCES?	16b. SOCIAL SECURITY		7. INFORMANT		Address		
	(Tes, ne, or dikilawii)		216-48-61	.35	Pauline H	owar	d, Rt.1, Cr		
E	18. CAUSE OF DEATH (Enter an		ne for (pg. (b), pgd (c).	1					COURT AND PLACE
П	PART I. DEATH WAS CAUSED	D BY: ATE CAUSE (a)	Seps	w				12	la
Г	2880	DUE TO, OR	AS A CONSEQUENCE OF	0	00			7	
П	Canditians, if any, which gave ) rise to immediate cause (a),	(b)	Stoche	Ko	cytopen	ua		-	
Г	stating the underlying cause	DUE TO, OR	AS A CONSEQUENCE OF		11				
1	last.	(0)		1.0	V				
1	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBL	JTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEAS	E OR CONDIT	TION GIVEN IN PART 1(a)		
3	5								
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN	CERTIFYING
1		- In				NO 🗌			
			FINJURY Manth Day Year	21c.	HOW INJURY OCCURRED	(Enter natu	re of injury in Part 1 or Part	2, Item 18.)	
MEDICAL	(If either, natify medical examin		19						
1	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	.TORY.) 211.	LOCATION Street at R.F.	.D. Na.	City ar Tawn	County	State
L	at work at work		2 7 7 7 .		4/1	10 SC	15-17	80.	
П	22a. I certify that (I) the		ended the deceose	d X	and that in my Nou	r) opinion	death accurred on the	dote and hou	(1) (we) las
L	causes mated above	(1) (we) (did)		body afte	er death	r) opinian	death accorded on the	uote ona noo	i diid iidiii iile
	226. SIGNATURE	1	000	. /	M DATTENDING	MED.		2c. DATE SIGNED	1100
1	* Dune	Ha	Keek	ey DI	EGREE PHYS	DIRECTO	OR PHYS.	4-14	1-80
1	MAME (Type)	/	,	->	22e. ADDRESS			, ,	AL-SID
-	Dr.	James St	erling (	_	Main		Crisfield, Md	2181	7
23	Ba. BURIAL, CREMATION, 23b.	DATE			OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
		/15/198	Nels	on C	emetery		risfield;So	merset	, Md.
2	4. FUNERAL DIRECTOR	, , ,	ADDRESS		25g R	EC.D BA KEG	SISTRARSO 255 REGISTRA	RY SIGNATURE	7
	Hinman's Funera	Home	Drincece	Anna	MA DATE	1 1 T "			

DHMH - 16 3/72 25M (VR A15 (4))

Princess Anne, Ma.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type ar print) Month Riggin Marie 80 3:10PM 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX last birthday) DAYS HOURS MONTHS 2/27/91 White Female 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED USA Somerset Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Crisfield Alice B. Tawes N. Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER S Maryland 13b. COUNTY Somerset YES T NO 🗍 Crisfield 9 Columbia Ave hours 4. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle William Matthews Mary Anne Gray 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, or unknavn) (If yes give war or dates of service) Mrs. Eva Moore, Crisfield, Md. 21817 212-10-4685 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE-OF Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause please PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT FLATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) signed 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES T NO T 21g. ACCIDENT WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) UNDERLYING -21b. TIME OF INJURY OR CONTRIBUTING (AUSE OF DEATH HOUR A.M. Month Day Year (If either, natily medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACIORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 19 ond that in (my) our opinion death occurred on the date and hour and from the saw the deceased drive on ATTENDING causes, stated above, (1) (we) (did) (did not) view the body after death. 225. SIGNATURE ATTENDING DIRECTOR 22e: ADDRESS PHYSICIAN NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) Sonnyrid amerset 25b REGISTERR SIGNATURE DHMH - 16 3/72 25M (VR A15 (4))

Next-	Prince State	maillian
18.5 A.C. 61	el also .emok sva .es.	